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Steven C. Petersen Hogan & Hartson LLP One Tabor Center 1200 17th Street Suite 1500 Denver, CO 80202



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| (Depositor's name) | |
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| (Signatore) | |
| (Date) | |

| APPLICATION NO. | . FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|---------------|----------------------|---------------------|------------------|
| 00/832 517 | 04/09/2003 | AN Victor D. Dolecek | P9530 | 1193 |

TITLE OF INVENTION: SYSTEM FOR THE PRODUCTION OF AUTOLOGOUS PLATELET GET USEFUL FOR THE DELIVERY OF MEDICINAL AND GENETIC AGENTS. THROMBIA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION PEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO. | \$1330 | \$300 | \$1630 | 01/02/2004 |
| | | | | 1 | 1 |
| EXA | MINER | ART UNIT | CLASS-SUBCLASS | | |
| REIFSNYD | ER, DAVID A | 1723 | 210-512100 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer umber is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name

1 Steven C. Petersen

2 Sarah O'Rourke

3 Hogan & Hartson LLP

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(A) NAME OF ASSIGNEE

Medtronic, Inc.

Minneapolis, MN

| Please check the appropriate assignee category or catego | ries (will not be printed on the patent); | individual 🖸 | So corporation or other private group entity | (1) government |
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| 4a. The following fee(s) are enclosed: Issue Fee Publication Fee Advance Order - # of Copies 10 | 4b. Payment of Fee(s): A check in the amo | ard, Form PTO- | | overpayment, to |
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12/03/2003 WASFAW2 00000117 09832517

1330.00 OP 01 FC:1501 02 FC:1504 300.00 OP 03 FC:8001 30.00 DP



PATENT EXPRESS MAIL NO. EV 322526834 US Attorney Docket No. P9530 Client/Matter No. 46234.0085.000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of: |) Group Art Unit: 1723 |
|--|--|
| Victor D. Dolecek |) Examiner: David A. Reifsnyder |
| Serial No. 09/832,517 |) |
| Filed: April 9, 2001 | Notice of Allowance dated:October 1, 2003 |
| For: SYSTEM FOR THE PRODUCTION OF AN AUTOLOGOUS THROMBIN |))) |

TRANSMITTAL OF ISSUE FEE

MAIL STOP ISSUE FEE Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance and Issue Fee Due dated October 1, 2003, please find enclosed the following documents:

- 1. Issue Fee Transmittal Form PTOL-85B (Rev. 08/03);
- 2. Check in the amount of \$1,660 (\$1,330 issue fee, \$300 publication fee plus \$30 for advance order of 10 patent copies);
- 3. Statement regarding correction of patent title;
- 4. Certificate of Express Mailing; and
- 5. Return postcard.

Date Nov. 25, 203

Sarah S. O'Rourke, Reg. No. 41,226

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CERTIFICATE OF MAILING BY EXPRESS MAIL

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The undersigned hereby certifies that the following documents:

- 1. Transmittal of Issue Fee;
- 2. Issue Fee Transmittal Form PTOL-85B (Rev. 8/03);
- 3. Check in the amount of \$ 1,660 (\$1330 issue fee, \$300 publication fee plus \$30 for advance order of 10 patent copies);
- 4. Statement regarding correction of patent title;
- Certificate of Mailing by Express Mail; and
- 6. Return postcard

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NOV. 25, 2003

Date

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Date

Land) S. O Eu

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